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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/625,839-Conf. #9547
		Filing Date	July 23, 2003
		First Named Inventor	George J. Bremer
		Art Unit	1614
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	30275/40887

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

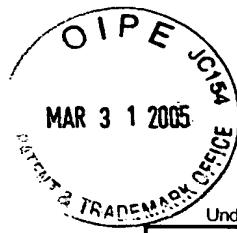
Firm Name	MARSHALL, GERSTEIN & BORUN LLP		
Signature			
Printed name	Joseph A. Williams, Jr.		
Date	March 28, 2005	Reg. No.	38,659

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 28, 2005

Signature:

Joseph A. Williams, Jr.



MAR 3 1 2005

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/625,839
	Filing Date	July 23, 2003
	First Named Inventor	Brewer et al.
	Art Unit	1614
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	30275/40887

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 04743

Please change the correspondence address for the above-identified application to:

The address associated with  
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Individual Name

Address			
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ruth L. Rasor		
Date	16 March 2005	Telephone	734 615 8433

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.



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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: The Regents of the University of MichiganApplication No./Patent No.: 10/625,839 Filing Date: July 23, 2003Entitled: Tetrapropylammonium Tetrathiomolybdate and Related Compounds for Anti-Angiogenic TherapiesThe Regents of the University of Michigan, a University  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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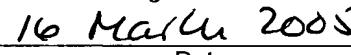
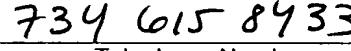
 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
\_\_\_\_\_  
Signature

Ruth L. Rasor  
Printed or Typed Name

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Telephone Number

Director of Licensing, UM Technology Transfer  
Title